

Marta D. Harting

(410) 244-7542

mdharting@venable.com

August 24, 2018

**VIA ELECTRONIC MAIL
AND HAND DELIVERY**

Ruby Potter, Administrator
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215

Re: Prince George's County Hospice Review - Docket No. 16-16-2382

Dear Ms. Potter:

Enclosed are six copies of a Modification of Certificate of Need Application on behalf of Amedisys Hospice of Greater Chesapeake in the above-referenced matter.

Thank you for your attention to this matter.

Sincerely,



Marta D. Harting

MDH:rlh
Enclosures

AMEDISYS HOSPICE OF GREATER CHESAPEAKE

MODIFICATION OF CERTIFICATE OF NEED APPLICATION

PRINCE GEORGE'S COUNTY HOSPICE REVIEW (DOCKET NO. 16-16-2382)

Amedisys Hospice of Greater Chesapeake ("Amedisys Applicant") hereby modifies its Certificate of Need Application in this review to address the deficiencies found by the Reviewer, as described in his July 31, 2018 letter to the Amedisys Applicant, as set forth herein.

COMAR 10.24.13.08J Charity Care and Sliding Fee Scale Standard. Each applicant shall have a written policy for the provision of charity care for indigent and uninsured patients to ensure access to hospice services regardless of an individual's ability to pay and shall provide hospice services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:

(1) Determination of Eligibility for Charity Care. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospice shall make a determination of probable eligibility.

To correct the deficiencies found by the Reviewer, the Amedisys Applicant has adopted a freestanding, Maryland-specific policy entitled "Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" (identified as FM-008A) which is attached as Exhibit 29. This Policy exclusively governs Amedisys hospice agencies operating in the State of Maryland.

To make clear that the new freestanding, Maryland-specific policy (FM-008A) (Exhibit 29) applies to Amedisys hospice agencies operating in Maryland, it includes a "Scope" provision which states:

This Policy applies to Amedisys hospice agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.

This Policy also exclusively governs the Time Payment Plan for Amedisys home health agencies operating in the State of Maryland.

To clarify the terminology used in the policy, the Amedisys Applicant included a new "Definitions" section in the freestanding, Maryland-specific policy (FM-008A) (Exhibit 29) which defines "charity care" to mean care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient, and defines "discounted fee care" to mean care provided to patients of limited means who do not qualify for charity care but who are not able to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy. The Amedisys Applicant also clarified the internal procedure that allows a patient to be moved from bad debt to charity for internal accounting purposes under certain circumstances to state that such accounts shall not be counted or reported as charity care. (See fifth bullet point under Internal Accounting and Recordkeeping in Exhibit 29.) Only accounts as to which a prospective determination of eligibility was made for charity care are counted as charity care under the Policy.

The new freestanding, Maryland-specific policy (FM-008A) (Exhibit 29) also clarifies the income criteria for eligibility for charity care and discounted fee care in the "Eligibility" section, making clear that charity (free) care is available to patients at or below 125% of the Federal Poverty Guidelines for his/her family size, and that discounted fee care is available to patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size, using the Sliding Fee Scale contained in the Policy.

The Eligibility section also provides that if an insured patient meets the income criteria, the patient is eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under the insurance coverage.

The new freestanding, Maryland-specific policy (FM-008A) (Exhibit 29) includes a specific Eligibility Determination Procedure in accordance with COMAR 10.24.13.08J. It is a two-step process, explicitly differentiating between the Determination of Probable Eligibility (Step One) and the Final Determination of Eligibility (Step Two). In Step One, "within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative." The Policy also makes clear that the determination of probable eligibility is based entirely on an interview with the patient, without any documentation to be requested or required, as follows (see Exhibit 29, emphasis supplied):

In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

Step Two (the final determination of eligibility) will be based on a completed income verification form (which is included in Exhibit 20), in which the patient is asked to attest to available income and family size and to document income with the best available information in his/her possession. However, if documentation to verify income for purposes of the final determination of eligibility is not available, local care centers are empowered to approve charity care and/or discounted fee care without such documentation. Specifically, the Policy states:

If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.

(The form that the Director of Operations signs for such a determination is also included in Exhibit 29.)

The freestanding, Maryland-specific policy (FM-008A) (Exhibit 29) also includes the Time Payment Plan for patients who qualify for discounted fee care who want pay for the discounted charges over time.

Lastly, the freestanding, Maryland-specific policy (FM-008A) (Exhibit 29) continues to include internal accounting and recordkeeping requirements related to charity care and discounted fee care for internal use only (internal approvals, required logs, coding, separate accounts to be maintained, and required reporting). However, as stated above, the provision allowing a patient to be moved from bad debt to charity under certain circumstances was revised to make clear that such accounts shall not be counted or reported as charity care. (See fifth bullet point under Internal Accounting and Recordkeeping

in Exhibit 29.) Only accounts as to which a prospective determination of eligibility was made for charity care are counted as charity care under the Policy.

Accordingly, the Amedisys Applicant has addressed the deficiencies found by the Reviewer under this standard by adopting a Maryland-specific charity care policy (Exhibit 29) which:

(1) states that it will make and communicate a determination of probable eligibility for charity or reduced fee care within two business days of a patient's request for charity care, Medical Assistance, or both;

(2) states that no documentation will be requested or required in order to make the determination of probable eligibility;

(3) clarifies the terminology as to charity care and discounted fee care and the internal accounting provision allowing a patient to be moved from bad debt to charity under certain circumstances to make clear that such accounts shall not be counted or reported as charity care, such that only accounts as to which a prospective determination of eligibility was made for charity care are counted as charity care under the Policy;

(4) makes a request for Medical Assistance a triggering event (along with a request for charity care and/or discounted fee care) for the requirement that the Amedisys Applicant make a determination of probable eligibility within two business days after the request; and

(5) is a freestanding, Maryland-specific policy, rather than an addendum to the general charity care policy, making clear that no documentation will be requested or required for the determination of probable eligibility.

(2) Notice of Charity Care Policy. Public notice and information regarding the hospice's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the population in the hospice's service area, and in a format understandable by the service area population. Notices regarding the hospice's charity care policy shall be posted in the business office of the hospice and on the hospice's website, if such a site is maintained. Prior to the provision of hospice services, a hospice shall address any financial concerns of patients and patient families, and provide individual notice regarding the hospice's charity care policy to the patient and family.

To address the deficiencies found by the Reviewer regarding the form of publication notice proposed by the Amedisys Applicant (Exhibit 24), the Amedisys Applicant has revised Exhibit 24. See Exhibit 24 (Revised) attached hereto. This revised notice will be published annually in publications available to residents of Prince George's County, as well as residents of the other jurisdictions served by Amedisys Hospice of Greater Chesapeake hospices (Baltimore, Cecil and Harford Counties, and Baltimore City). The revised notice provides additional detail about the Amedisys Applicant's charity care policy, including that a determination of probable eligibility is made and communicated within 2 business days after the request is made.

Additionally, the Applicant has prepared a separate, similar notice summarizing the charity care policy that will serve as a cover page to the Maryland policy (FM-008A) that will be posted on the website and in other locations where the public may see the policy. Please see Exhibit 30 (Public Disclosure of the Availability of Charity Care, Discounted Fee Care and Time Payment Plan for Hospice Services). This summary of the policy will be a cover page to the Maryland-specific charity care policy to be (1) posted in all of the Amedisys-Applicant's business offices in its service areas, (2) provided to all potential patients

and their families, (3) posted on the Amedisys Applicant's website, (4) provided to the local health departments and other social services agencies in the Amedisys Applicant's service area, (5) provided to local referral sources in the service area (hospitals, nursing homes, etc.), and (6) provided to all local nonprofits or other agencies that the Amedisys Applicant partners with to provide charity care.

Further, the Amedisys Applicant has revised website placement of the notice about the Maryland-specific policy governing charity care, discounted fee care and time payment plan. The Amedisys Applicant is a subsidiary of Amedisys, Inc., a national home health and hospice provider that provides home health and hospice care in 36 states. Amedisys, Inc. maintains a single website (www.amedisys.com) for the entire company and subsidiaries. While local care centers do not operate their own websites, patients and their families are able to easily navigate within the Amedisys, Inc. website to find information about local care centers in their areas. Specifically, at the top of the home page www.amedisys.com, there is a tab for "Locations" which generates a drop down list of states. The patient simply drops down to Maryland and checks the box for the type of care (home health, hospice or personal care), and then clicks "Find a Care Center." If the patient selects hospice as the type of care on that page, this will take the patient to a landing page for Maryland that lists the two existing Amedisys Hospice of Greater Chesapeake hospice care centers in Maryland. From that page, by clicking on the tab entitled "More Information" underneath the desired care center location, the patient will be taken to that local care center's landing page to obtain more information about that care center, its service area and what services it provides. The Amedisys Applicant has added a link to its revised Maryland-specific charity care policy to the local care center landing page for both of its two existing local care centers in Maryland. Accordingly, the Amedisys Applicant has already made its Maryland-specific charity care policy (Exhibit 29) applicable to the four Maryland jurisdictions currently served by Amedisys Hospice of Greater Chesapeake.

In the same manner, if the Amedisys Applicant is approved to serve Prince George's County, a third local care center will be added to the Maryland landing page, and by clicking on "More Information" underneath the Prince George's County local care center, the patient will be taken to its landing page, where a link to the charity care policy will be located.

Accordingly, the Amedisys Applicant has addressed the deficiencies found by the Reviewer under this standard by:

(1) Revising the notice that will be published in publications accessible to residents of the Amedisys-Applicant's entire service area (Revised Exhibit 24) to fully summarize the Maryland-specific charity care policy, including a statement that a determination of probable eligibility will be made within two business days;

(2) Placing the Maryland-specific charity care policy in an easily accessible location on its website;

(3) Making clear that the Maryland-specific charity care policy applies in the Amedisys-Applicant's existing service area as well as Prince George's County where it seeks to serve by this Application.

(4) Policy Provisions. An applicant proposing to establish a general hospice, expand hospice services to a previously unauthorized jurisdiction, or change or establish inpatient bed capacity in a previously authorized jurisdiction shall make a commitment to provide charity care in its hospice to indigent patients. The applicant shall demonstrate that:

...

(b) It has a specific plan for achieving the level of charity care to which it has committed.

The Amedisys Applicant has committed to provide 1.5% of net operating revenue to charity care, and has a robust strategy to achieve this commitment. First, the Applicant has included two FTEs in its budget for community outreach and education, which will include community outreach and education about availability of charity care and discounted fee care from the Amedisys Applicant. As described in the Application (at 24), the Amedisys Applicant makes it a priority to hire for this type of position from within the community being served, and to provide community education and outreach by using knowledgeable representatives who are embedded within those communities. Here, the hiring criteria will include a deep, preexisting familiarity with the Prince George's County community, and its public and private institutions and programs that are potential referral sources for charity care. They will be responsible and accountable for helping the Amedisys Applicant to meet or exceed its charity care commitment. They will be expected to identify and reach out to potential charity care referral sources in Prince George's County to inform and educate them about the Amedisys Applicant's willingness to accept and care for all patients, regardless of ability to pay, and about the particulars of its charity care policy. They will also be expected to maintain regular contact with the potential referral sources for charity care that they identify, and serve as a point of contact for any questions they may have about charity care and to help facilitate charity care referrals.

With the help of the two community outreach and education professionals that it will hire, the Amedisys Applicant plans to identify and partner with local organizations that serve indigent residents of Prince George's County for charity care referrals. While it has not hired these employees yet, the Applicant has already identified and made contact with several local nonprofit organizations that serve the homeless and indigent populations in Prince George's County. Please refer to Exhibit 31 for a list of organizations and a log of contacts that have already been made. Some of the nonprofit organizations that the Amedisys Applicant has identified and plans to work with for charity care referrals include:

John 14.2, Inc., which serves homeless veterans in Prince George's County (john14.2vets.org)

Laurel Advocacy and Referral Services, Inc., which serves homeless and low income people in Laurel who are in crisis (laureladvocacy.org)

Community Ministry of Prince George's County/Warm Nights Shelter (Seat Pleasant), which provides transitional housing in the winter months

Catholic Charities for the Archdiocese of Washington, which operates several safety net programs located in Prince George's County (catholiccharitiesdc.org/princegeorgescounty)

Heart to Hand, Inc., which supports those infected by and affected by sexually transmitted diseases (hearttohandinc.org)

John 14.2 Inc. is of particular relevance to the Amedisys Applicant because it serves homeless veterans. As described in detail in the Amedisys Applicant's Response to Interested Party Comments, Veterans are an underserved population for hospice care, and Amedisys is a Four Star (highest level) partner in the We Honor Veterans Program of the National Hospice and Palliative Care Organization. The core goal of the Program is to increase access to hospice and palliative care for Veterans and focuses on Veteran-specific education in order to achieve this goal. This is particularly important for efforts to increase hospice utilization in Prince George's County, which has the largest Veteran population of all jurisdictions in Maryland. See Amedisys Applicant's Response to Interested Party Comments at pages 6-8.

Additionally, the Amedisys Applicant has already made a connection with Nonprofit Prince George's County (formerly Human Services Coalition) which is a network of organizations, agencies, businesses and individuals who are focused on improving the quality of life for Prince George's County residents. Nonprofit Prince George's County brings these organizations together for networking and training (among other services), and has invited the Amedisys Applicant to attend an upcoming event.

The Amedisys Applicant will also work to establish a charity care referral relationship with Greater Baden Medical Services, Inc., a federally qualified health center (FQHC) based in Brandywine with several locations in Prince George's County. As an FQHC, this nonprofit organization provides primary and preventative care to both insured and uninsured patients, so may have patients in need of charity hospice care.

Accordingly, the Amedisys Applicant has addressed the deficiencies found by the Reviewer under this Standard by providing a robust strategy for achieving the level of charity care to which it has committed in this Application.

Charity Care Policy, Notices, Forms

As requested, the Applicant has provided copies of all forms, notices and information that the Amedisys Applicant will use to comply with the charity care standard. These include:

- (1) the new, Maryland-specific policy entitled "Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" (FM-008A) (Exhibit 29);
- (2) the revised form of notice that the Amedisys Applicant will publish at least annually in publications available to residents of Prince George's County, as well as publications available to residents of the other Maryland jurisdictions served by Amedisys Hospice of the Greater Chesapeake (Revised Exhibit 24);
- (3) the summary of the Maryland charity care policy entitled "Public Disclosure of the Availability of Charity Care, Discounted Fee Care and Time Payment Plan for Hospice Services" which is a cover page to the Maryland policy posted on the website, provided to patients and families and distributed publicly as further described above (see Exhibit 30);
- (4) the Income Verification Form used for the final determination of eligibility for charity care or discounted fee care (which is attached to the Maryland Charity Care Policy, Exhibit 29); and
- (5) the Income Attestation Form under which the Director of Operations for the local care center may approve charity care and discounted fee care even if a patient does not have documentation of income (which is also attached to the Maryland Charity Care Policy, Exhibit 29).

COMAR 10.24.01.08G(3)(e) Compliance with conditions of previous Certificate of Need. An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need Granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need or provide the Commission with a written notice and explanation as to why the conditions were not met.

Under the CON condition quoted in the Reviewer's July 31, 2018 letter, the referenced home health agency of Amedisys Maryland, LLC (License No. HH7111) ("Amedisys-Salisbury/Cambridge") is to provide charitable home health services equivalent in value to at least 0.4 percent of total expenses, document its compliance with the condition within six months of the close of the year, and undertake appropriate outreach and public notification requirements to comply with the condition.

Amedisys-Salisbury/Cambridge exceeded the charity care commitment in 2012 (the first full year after the CON was issued) and equaled it in 2013, but has not been able to achieve charity care revenue of 0.4% of total expenses level since 2013. Please see Exhibit 32 for a table showing the level of charity care provided in each year by Amedisys-Salisbury/Cambridge. Amedisys has been unable to achieve the amount of charity care required in the condition since 2013 due to the expansion of insurance coverage under the ACA, which took effect in 2014, several years after the CON and the charity care condition was issued. The U.S. Census Bureau reports that Maryland's uninsured rate dropped from 10.2% to 7.9% between 2013 and 2014, and an August, 2015 Gallup Poll found that Maryland's uninsured rate fell from 12.9% in 2013 to 7.0% in the first half of 2015. Additionally, uninsured percentage in the five counties served by Amedisys-Salisbury/Cambridge significantly declined between 2013 and 2015, as summarized in the following table using data from the University of Wisconsin Population Health Institute, with support from the Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/app/maryland/2018/measure/factors/85/data>:

County	2013 Uninsured Rate	2015 Uninsured Rate	Decline in Uninsured Percentage
Dorchester	13%	9%	31%
Somerset	15%	9%	40%
Talbot	13%	8%	38%
Wicomico	15%	8%	46%
Worcester	14%	8%	43%

Exhibit 33 contains copies of the information for each County from this website.

Although Amedisys-Salisbury/Cambridge has not achieved charity care revenue of 0.4% of expenses since 2013, it had a better track record in providing charity care (based on publicly available data as to charity care visits as a percentage of total visits) than the average of other HHAs serving the same counties in 2012-2014 (the last year for which data is publicly available as to the other HHAs). See Exhibit 34.

Amedisys-Salisbury/Cambridge has made regular outreach and public notification efforts within its service area regarding its acceptance of charity care since the CON was issued, including regular outreach to its referral sources (nursing homes, assisted living facilities, continuing care retirement communities, hospitals, and physicians throughout the service area), as well as local departments of human services and the Federally Qualified Health Center serving the region. Please refer to Exhibit 35 for letters from various referral sources about Amedisys-Salisbury/Cambridge's acceptance of charity care. With regard to annual reporting to the Commission about compliance with the charity care requirement, in connection with a recent CON application by Amedisys-Salisbury Cambridge to expand to additional counties, it documented filings and correspondence regarding compliance with the CON condition in the first three years, but was unable to locate filings or other correspondence regarding compliance in 2015 and 2016. Accordingly, Amedisys-Salisbury Cambridge filed with the Commission a summary report with grid attached as Exhibit 32, covering all years since the CON was issued.

COMAR 10.24.01.08G(3)(d) Viability of the Proposal. The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Please refer to revised Tables 2, 3 and 4 attached hereto, which are based on the Amedisys Applicant's experience in other Maryland jurisdictions in which it cares for more shorter length of stay/higher acuity patients than the overall average for Amedisys upon which the original tables were based. Based on the revised projections, as shown in the revised comparisons below (using the table in the Reviewer's July 31 letter), the Applicant's ratio of both nursing and hospice aide visits/pt-day decreased, but nursing visits/patient day (.36) remain higher than the statewide average and that of the other applicants. This is because, based on its actual experience serving in other Maryland jurisdictions, the Applicant projects caring for lower length of stay/higher acuity (Tier 1) patients that require more visits, not just nursing visits but more visits from all five disciplines. This also caused the revenue projections to increase. As shown below, revenue/pt-day increased to \$170.65.

Based on the updated projections, the Applicant's projected cost/pt-day increased to \$113.80. Its cost/pt-day remains lower than the statewide average and two of the other applicants. The Applicant believes that its lower costs are attributable to being part of a national company that provides a variety of general corporate support services for all of its care centers (such as accounting, legal, billing, payroll, HR) that are not allocated to its local care centers. There is only a small allocation booked to the local care centers for certain direct field support functions provided by the corporate office (such as clinical support, marketing support and certain finance support functions). The tables filed with the original Application did not include this small allocation for direct field support functions because it is generally not included in local care center financials (and it has not been included in the revised tables for consistency). However, if this allocation was included, it would add \$3.79/day to cost/pt. day for a total of \$117.59, closer to the statewide average of \$125.13.

Lastly, in the revised table below, the Amedisys Applicant recalculated annual nursing visits and hospice aide visits/FTE (captioned as "productivity" in the July 31, 2018 letter) based on the projections in the revised Tables. The methodology for the calculation in the July 31 letter is based on FTEs at the end of 2020. However, the Amedisys Applicant believes that this approach is not a true reflection of its FTEs in 2020 because the Amedisys Applicant projects adding 2 RNs and 2 hospice aides over the course of 2020 as average daily census is projected to increase. The Amedisys Applicant believes that using the average number of FTEs in 2020 for the calculation better reflects its FTEs (and thus its "productivity") in 2020. Accordingly, in the revised table below, the Amedisys Applicant provides the calculation for annual visits/FTE at the end of 2020 (per the original table) and based on average FTEs in 2020.

The lower number of visits/FTE that the Amedisys Applicant projects is in part due to the higher acuity patients that it projects to serve because sicker patients require more services and longer visits across disciplines. Additionally, it should also be noted that, in the context of hospice care, higher visits per FTE should not be the goal and is not even necessarily desirable. While more visits per FTE may be good for a hospice financially, this must be balanced against spending quality time with the patient and the family to make genuine personal connections that offer emotional, psychological and spiritual support in addition to medical guidance. The Amedisys Applicant prioritizes quality of visits over maximizing the number of visits its caregivers are able to complete each year. We also believe that efforts to increase hospice utilization in Prince George's County are much more likely to succeed if the community sees hospice providers that value quality over quantity and take the time to make genuine personal connections with patients and their loved ones.

Revised Comparisons of Visit Frequency, Staff Productivity and Cost and Revenue/Patient-Day

	Calculated measures	Maryland Hospice average, 2016	Amedisys	Bayada	Montgomery Hospice	P-B Health
Visits discipline/pt-day	Nursing Visits/Pt-day	.30	.36	.31	.21	.33
	Hospice Aide Visits/Pt-day	.32	.32	.34	.18	.18
Productivity	Annual Nursing Visits/FTE	893	691/768 ¹	784	469	1,279
	Annual Hospice Aide Visits/FTE	1,323	669/752 ²	1,149	563	1,385
Financial measures	Revenue/Pt-day	\$178.94	\$170.65	\$207.57	\$175.02	\$165.48
	Cost/Pt-day	\$125.13	\$113.80 ³	\$175.69	\$173.71	\$67.23

Accordingly, the Amedisys Applicant has addressed the deficiencies found by the Reviewer under this standard by revising its projections to be based on the Amedisys Applicant's own experience in Maryland with regard to length of stay/acuity of patients rather than its company-wide experience, to ensure its projections are reasonable and achievable. In addition to being based on the Amedisys Applicant's own experience in Maryland, projecting shorter length of stay/higher acuity level of patients is also reasonable for Prince George's County given the current underutilization of hospice services overall in that County. The public education and outreach and campaign that the Amedisys Applicant has committed to undertake if this CON is granted in order to increase hospice utilization in Prince George's County will include education and outreach to encourage the use of hospice care as soon as it is appropriate based on the diagnosis in order to maximize the benefit of hospice to the patient and the patient's loved ones, rather than waiting until the final stage of the terminal illness.

¹ 691 is based on FTEs at the end of 2020; 768 is based on average FTEs in 2020.

² 669 is based on FTEs at the end of 2020; 768 is based on average FTEs in 2020.

³As described above, if the corporate allocation for certain direct field support is included, the cost/pt-day would be \$117.59.

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Amedisys Hospice of Greater Chesapeake are true and correct to the best of my knowledge, information and belief.

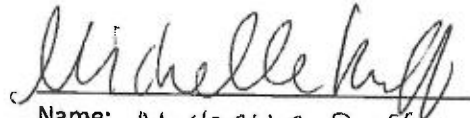
Date: August 24, 2018

Laura Scripp RN AVP Operations
Name: *Laura Scripp, RN*
Title: *AVP Operations*

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Amedisys Hospice of Greater Chesapeake are true and correct to the best of my knowledge, information and belief.

Date: August 24, 2018

A handwritten signature in cursive script, reading "Michelle Ruff", written over a horizontal line.

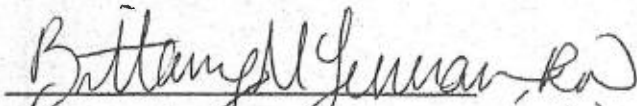
Name: Michelle Ruff

Title: Regional Dir. Financial Ops

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Amedisys Hospice of Greater Chesapeake are true and correct to the best of my knowledge, information and belief.

Date: August 24, 2018


Name: Brittany McQuinn
Title: AVP of Operations

Instructions: Complete Table 2A for the Entire General Hospice Program, including the proposed project, and **Table 2B** for the proposed project only using the space provided on the following pages. **Only existing facility applicants should complete Table 2A. All Applicants should complete Table 2B.** Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE Hospice Program

	Two Most Current Actual Years		Projected years – ending with first year at full utilization				
CY or FY (Circle) (7/1-6/30)	2014	2015	2016	2017	2018	2019	2020
Admissions	682	737	942	1017	1166	1263	1368
Deaths	522	565	740	799	914	990	1072
Non-death discharges	150	136	135	146	167	180	195
Patients served	799	862	1,103	1191	1352	1479	1602
Patient days	43,321	47,212	67,716	73133	81903	94940	105254
Average length of stay	64	60	72	70	70	70	70
Average daily hospice census	119	129	185	200	224	259	288
Visits by discipline							
Skilled nursing	13,367	17,194	20,470	22,108	24,976	29,490	32,992
Social work	1030	995	1,264	1,365	1,562	1,803	2,009
Hospice aides	11,677	14,978	16,970	18,328	20,765	24,643	27,642
Physicians - paid	25	265	23	25	30	40	50
Physicians - volunteer	0	0	0	0	1	1	1
Chaplain	1,473	1,820	2,150	2,322	2,630	3,101	3,470
Other clinical	17	36	43	46	53	62	70
Licensed beds							
Number of licensed GIP beds	0	0	0	0	0	0	0
Number of licensed Hospice House beds	0	0	0	0	0	0	0
Occupancy %							
GIP(inpatient unit)	0	0	0	0	0	0	0
Hospice House	0	0	0	0	0	0	0

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2016	2018	2019	2020
Admissions		77	120	168
Deaths		59	92	129
Non-death discharges		11	17	23
Patients served		77	140	197
Patient days		3650	12775	18980
Average length of stay		45	55	65
Average daily hospice census		10	35	52
Visits by discipline				
Skilled nursing		1,321	4,652	6,912
Social work		101	269	399
Hospice aides		1,154	4,052	6,021
Physicians - paid		2	10	20
Physicians - volunteer		-	-	-
Chaplain		145	492	731
Other clinical		3	10	15
Licensed beds				
Number of licensed GIP beds		0	0	0
Number of licensed Hospice House beds		0	0	0
Occupancy %				
GIP(inpatient unit)		0	0	0
Hospice House		0	0	0

TABLE 3: REVENUES AND EXPENSES - ENTIRE Hospice Program (including proposed project)

(INSTRUCTIONS: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS)

	Two Most Recent Years -- Actual		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle) (7/1-6/30)	2014	2015	2016	2017	2018	2019	2020
1. Revenue							
a. Inpatient services	163,943	170,268	185,013	199,814	224,024	269,312	302,307
b. Hospice house services	0	0	0		-	-	-
c. Home care services	6,895,528	7,577,476	11,005,491	11,885,930	13,219,583	15,553,225	17,289,188
d. Gross Patient Service Revenue	7,059,471	7,747,745	11,190,504	12,085,744	13,443,606	15,822,537	17,591,495
e. Allowance for Bad Debt	(241,779)	(230,965)	(271,117)	(292,806)	(327,948)	(393,180)	(440,818)
f. Contractual Allowance	(8,091)	(7,949)	(8,000)	(8,720)	(91,468)	(34,030)	(53,487)
g. Charity Care	8,901	7,949	8,000	8,720	91,468	34,030	53,487
h. Net Patient Services Revenue	6,817,692	7,516,779	10,919,387	11,792,938	13,115,658	15,429,356	17,150,678
i. Other Operating Revenues (Specify)	0	0	0	0	-	-	-
j. Net Operating Revenue	6,817,692	7,516,779	10,919,387	11,792,938	13,115,658	15,429,356	17,150,678
2. Expenses							
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	3,466,593	3,959,223	6,075,305	6,561,329	7,700,439	8,767,868	9,262,859
b. Contractual Services	0	0	0		-	-	-
c. Interest on Current Debt	0	0	0		-	-	-
d. Interest on Project Debt	0	0	0		-	-	-
e. Current Depreciation	40,237	35,222	36,512	39,433	48,893	52,403	56,718
f. Project Depreciation	0	0	0		-	-	-

g. Current Amortization	0	0	0		-	-	-
h. Project Amortization	0	0	0		-	-	-
i. Supplies (Medical)	44,893	60,181	116,118	125,407	140,139	170,621	192,339
j. Other Pt Related Expenses	219,581	277,163	320,299	345,923	384,138	456,518	514,633
- Pharmacy							
- DME	226,173	212,492	311,699	336,635	374,751	443,606	494,797
- Ambulance	20,898	28,543	63,911	69,024	74,606	79,548	84,426
- Other (Chemo/Radiation/Labs, Xrays, GIP, RSP, etc)	243,074	201,121	343,211	370,668	396,879	420,052	444,868
** Other Admin Expenses:							
- Rent/Facilities	150,628	159,861	194,607	210,176	333,888	320,132	331,939
- Advertising	31,189	26,899	97,569	105,374	115,351	125,288	131,508
- Travel	5,898	13,292	46,348	50,056	60,560	79,038	85,450
- Office Supplies	32,399	30,988	47,472	51,270	56,059	58,802	61,682
- Other (phones, IT work, etc)	80,796	87,132	122,031	131,793	157,419	171,770	179,473
k. Total Operating Expenses	4,562,360	5,092,115	7,775,082	8,397,089	9,843,120	11,146,646	11,840,691
3. Income							
a. Income from Operation	2,255,332	2,424,664	3,144,305	3,395,849	3,272,538	4,283,710	5,309,987
b. Non-Operating Income	0	0	0	0	0	0	0
c. Subtotal	2,255,332	2,424,664	3,144,305	3,395,849	3,272,538	4,283,710	5,309,987
d. Income Taxes	n/a – taxes paid at the corporate level and not allocated to individual agencies						
e. Net Income (Loss)	2,255,332	2,424,664	3,144,305	3,395,849	3,272,538	4,283,710	5,309,987

Table 3 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle) (7/1-6/30)	2014	2015	2016	2017	2018	2019	2020
4. Patient Mix							
A. As Percent of Total Revenue							
1. Medicare	88.1%	91.0%	90.0%	90.50%	90.50%	90.50%	90.50%
2. Medicaid	9.1%	5.4%	5.6%	5.50%	5.50%	5.50%	5.50%

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

(INSTRUCTIONS: Each applicant should complete this table for the proposed project only)

CY or FY (Circle) (7/1-6/30)	Projected Years (ending with first full year at full utilization)			
	2017	2018	2019	2020
1. Revenue				
a. Inpatient services		10,223	44,821	66,591
b. Hospice House services				
c. Home care services		501,637	2,199,382	3,267,654
d. Gross Patient Service Revenue		511,860	2,244,203	3,334,245
e. Allowance for Bad Debt		(14,646)	(64,212)	(95,401)
f. Contractual Allowance		(82,050)	(23,953)	(42,705)
g. Charity Care		82,050	23,953	42,705
h. Net Patient Services Revenue		497,214	2,179,991	3,238,844
i. Other Operating Revenues (Specify)				
j. Net Operating Revenue		497,214	2,179,991	3,238,844
2. Expenses				
a. Salaries, Wages, and Professional Fees, (including fringe benefits)		879,817	1,396,214	1,747,623
b. Contractual Services				
c. Interest on Current Debt				
d. Interest on Project Debt				
e. Current Depreciation		6,700	8,100	10,200
f. Project Depreciation				
g. Current Amortization				
h. Project Amortization				
i. Supplies (medical)		5,953	29,726	44,399
j. Other Pt Related Expenses				
- Pharmacy		14,000	67,874	109,557
- DME		14,551	65,397	97,677
		750	2,000	3,000

- Ambulance		265	3,607	7,600
- Other (Chemo/Radiation/Labs, Xrays, GIP, RSP, etc)				
** Other Admin Expenses:				
- Rent/Facilities		109,000	84,000	84,000
- Advertising		2,600	6,900	7,200
- Travel		7,000	22,800	26,400
- Office Supplies		1,200	1,200	1,200
- Other (phones, IT work, etc)		16,400	23,700	24,000
k. Total Operating Expenses		868,236	1,711,517	2,159,856
3. Income				
a. Income from Operation		(361,021)	468,473	1,078,989
b. Non-Operating Income				
c. Subtotal		(361,021)	468,473	1,078,989
d. Income Taxes				
e. Net Income (Loss)		(361,021)	468,473	1,078,989

Table 4 Cont.	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle) (7/1-6/30)	2017	2018	2019	2020
4. Patient Mix				
A. As Percent of Total Revenue				
1. Medicare		90.5%	90.5%	90.5%
2. Medicaid		5.5%	5.5%	5.5%
3. Blue Cross		1.8%	1.8%	1.8%
4. Other Commercial Insurance		2.2%	2.2%	2.2%
6. Other (Specify)		0.0%	0.0%	0.0%
7. TOTAL	100%	100%	100%	100%
B. As Percent of Patient Days/Visits/Procedures (as applicable)				
1. Medicare		90.0%	89.8%	89.5%
2. Medicaid		4.6%	4.6%	4.6%
3. Blue Cross		2.1%	2.1%	2.1%
4. Other Commercial Insurance		2.4%	2.4%	2.4%
5. Self-Pay		0.0%	0.0%	0.0%
6. Other (Specify)		20.0%	1.3%	1.5%
7. TOTAL	100%	100%	100%	100%

Table of Exhibits to Modification of CON Application

Exhibit 24	Revised Newspaper Notice
Exhibit 29	Maryland-Specific Charity Care Policy
Exhibit 30	Public Disclosure of Availability of Charity Care, Discounted Fee Care and Time Payment Plan for Hospice Services
Exhibit 31	Log of Charity Care Outreach To Date
Exhibit 32	Amedisys-Salisbury/Cambridge Home Health Charity Care History
Exhibit 33	Uninsured Trends by County
Exhibit 34	Charity Care Letters
Exhibit 35	Home Health Charity Care Comparisons

EXHIBIT

24

[AMEDISYS HOSPICE OF GREATER CHESAPEAKE LOGO]

**PUBLIC DISCLOSURE OF THE AVAILABILITY OF HOSPICE CHARITY CARE,
DISCOUNTED FEE CARE AND TIME PAYMENT PLAN**

Amedisys Hospice of Greater Chesapeake ("Amedisys") provides hospice care to residents of Baltimore, Cecil, Harford and Prince George's Counties and Baltimore City. Amedisys is committed to providing accessible hospice to the communities it serves. Hospice care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient's family size. Amedisys provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient's income level within that range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, Amedisys will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, Amedisys will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. Amedisys also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time. Please visit www.amedisys.com/locations where you will find a list of our local hospice care centers in Maryland and can review our Maryland charity care, discounted fee care and time payment plan Policy in full. If you have any questions, or to request a copy of the complete Maryland Policy, please contact your local care center.

EXHIBIT

29

Policy: FM-008-A	Date(s) Revised: 08/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Hospice (Maryland only)	Page: Page 1 of 3

PURPOSE:

- To ensure access to hospice services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
- To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
- To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

SCOPE:

- This Policy applies to Amedisys hospice agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.
- This Policy also exclusively governs the Time Payment Plan for Amedisys hospice agencies operating in the State of Maryland.

DEFINITIONS:

- "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
- "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY:

- Charity care is provided for patients at or below 125% of the Federal Poverty Guidelines for his/her family size.
- Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size in accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage.

ELIGIBILITY DETERMINATION PROCEDURE:

- When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-step process will be followed by Amedisys:

Policy: FM-008-A	Date(s) Revised: 08/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Hospice (Maryland only)	Page: Page 2 of 3

• **STEP ONE – DETERMINATION OF PROBABLE ELIGIBILITY**

- Within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative.
- In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

• **STEP TWO – FINAL DETERMINATION OF ELIGIBILITY**

- The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
- The patient or patient's representative will be requested to attest to available income and family size and to document the patient's income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level.
- If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.
- If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program. Eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
- A patient and/or patient's representative are required to cooperate fully with Amedisys in obtaining the information to make a final determination of eligibility for charity care or discounted fee care under this policy.

TIME PAYMENT PLAN:

- A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. Amedisys requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

INTERNAL ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY):

- The care center Director of Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- Approval from the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- Indigent or charity patients are set up in HCHB with the payer code of Private. INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
- Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his income

Policy: FM-008-A	Date(s) Revised: 08/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Hospice (Maryland only)	Page: Page 3 of 3

level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be considered or reported as charity care for purposes of Maryland Health Care Commission requirements or reporting.

- Where Amedisys has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments are reported to the Maryland Health Care Commission as required.

INCOME DOCUMENTATION VERIFICATION

I, _____ [Patient name] provide the following information in support of my request for charity care and/or discounted fee care for hospice services rendered to me by Amedisys Hospice of Greater Chesapeake. The information I provide will be maintained in the strictest of confidence by Amedisys and will be utilized by Amedisys solely to (1) make a final determination of my eligibility for charity care and/or discounted fee care for hospice services rendered to me, and (2) compile aggregated, non-personally identifiable reports to States requiring this information.

ANNUAL INCOME (including income from all sources, including any insurance, third party coverage, guarantors or any other source):

___ \$0-\$12,000 ___ \$30,001-\$40,000 ___ \$60,001-\$70,000 ___ \$90,001-\$100,000
___ \$12,001-\$20,000 ___ \$40,001-\$50,000 ___ \$70,001-\$80,000 ___ \$100,001-\$120,000
___ \$20,001-\$30,000 ___ \$50,001-\$60,000 ___ \$80,001-\$90,000 ___ \$120,001 and above

FAMILY SIZE: ___ persons

Supporting documentation provided (check all that apply)

___ W-2 ___ Tax Return ___ Other (specify) _____
___ Pay Stub ___ Medicaid Card ___ None

If you have any other information that you believe would be helpful to Amedisys in making a decision, please attach it to this form.

I hereby attest and certify that the foregoing information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any questions regarding this form, please contact the Amedisys Chief Compliance Officer at 1-800-486-0020.

TO BE FILLED OUT BY SOCIAL WORKER:

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under Amedisys Policy FM-008A (Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

Amedisys Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

Where circumstances prevent Amedisys from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

Director of Operations

Date

EXHIBIT

30

AMEDISYS HOSPICE OF GREATER CHESAPEAKE

PUBLIC DISCLOSURE OF THE AVAILABILITY OF CHARITY CARE, DISCOUNTED FEE CARE AND TIME PAYMENT PLAN FOR HOSPICE SERVICES

Amedisys Hospice of Greater Chesapeake ("Amedisys") is committed to providing accessible hospice care to the communities it serves. Hospice care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient's family size. Amedisys provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient's income level within that range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, Amedisys will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, Amedisys will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. Amedisys also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time.

For additional information, please refer to the complete Amedisys Policy governing "Maryland Charity Care and Discounted Fee Care -- Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" for hospice care, which follows below, or you may also contact your local Amedisys hospice provider.

Policy: FM-008-A	Date(s) Revised: 08/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Hospice (Maryland only)	Page: Page 1 of 3

PURPOSE:

- To ensure access to hospice services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
- To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
- To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

SCOPE:

- This Policy applies to Amedisys hospice agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.
- This Policy also exclusively governs the Time Payment Plan for Amedisys hospice agencies operating in the State of Maryland.

DEFINITIONS:

- "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
- "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY:

- Charity care is provided for patients at or below 125% of the Federal Poverty Guidelines for his/her family size.
- Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size in accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage.

ELIGIBILITY DETERMINATION PROCEDURE:

- When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-step process will be followed by Amedisys:

Policy: FM-008-A	Date(s) Revised:	08/18
Subject: Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan		
Applicable Service(s): Hospice (Maryland only)	Page:	Page 2 of 3

• **STEP ONE – DETERMINATION OF PROBABLE ELIGIBILITY**

- Within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative.
- In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

• **STEP TWO – FINAL DETERMINATION OF ELIGIBILITY**

- The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
- The patient or patient's representative will be requested to attest to available income and family size and to document the patient's income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level.
- If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.
- If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program. Eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
- A patient and/or patient's representative are required to cooperate fully with Amedisys in obtaining the information to make a final determination of eligibility for charity care or discounted fee care under this policy.

TIME PAYMENT PLAN:

- A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. Amedisys requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

INTERNAL ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY):

- The care center Director of Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- Approval from the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- Indigent or charity patients are set up in HCHB with the payer code of Private. INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
- Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his income

Policy: FM-008-A	Date(s) Revised:	08/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>		
Applicable Service(s): Hospice (Maryland only)	Page:	Page 3 of 3

level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be considered or reported as charity care for purposes of Maryland Health Care Commission requirements or reporting.

- Where Amedisys has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments are reported to the Maryland Health Care Commission as required.

INCOME DOCUMENTATION VERIFICATION

I, _____ [Patient name] provide the following information in support of my request for charity care and/or discounted fee care for hospice services rendered to me by Amedisys Hospice of Greater Chesapeake. The information I provide will be maintained in the strictest of confidence by Amedisys and will be utilized by Amedisys solely to (1) make a final determination of my eligibility for charity care and/or discounted fee care for hospice services rendered to me, and (2) compile aggregated, non-personally identifiable reports to States requiring this information.

ANNUAL INCOME (Including income from all sources, including any insurance, third party coverage, guarantors or any other source):

___ \$0-\$12,000 ___ \$30,001-\$40,000 ___ \$60,001-\$70,000 ___ \$90,001-\$100,000
___ \$12,001-\$20,000 ___ \$40,001-\$50,000 ___ \$70,001-\$80,000 ___ \$100,001-\$120,000
___ \$20,001-\$30,000 ___ \$50,001-\$60,000 ___ \$80,001-\$90,000 ___ \$120,001 and above

FAMILY SIZE: ___ persons

Supporting documentation provided (check all that apply)

___ W-2 ___ Tax Return ___ Other (specify) _____
___ Pay Stub ___ Medicaid Card ___ None

If you have any other information that you believe would be helpful to Amedisys in making a decision, please attach it to this form.

I hereby attest and certify that the foregoing information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any questions regarding this form, please contact the Amedisys Chief Compliance Officer at 1-800-486-0020.

TO BE FILLED OUT BY SOCIAL WORKER:

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under Amedsys Policy FM-008A (Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

Amedsys Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

Where circumstances prevent Amedisys from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

Director of Operations

Date

EXHIBIT 31

Potential Charity Care Referrals from Local Non-Profits in Prince George's County

Heart to Hand, Inc.

*called 8/15 and email sent; still awaiting response

Human Services Coalition

*called 8/15 and email sent; email received from organization with helpful link to additional nonprofit organizations in the county

The Community Foundation

*called 8/15; unable to leave a voicemail

Meyer Foundation

*called 8/15; left a voicemail and awaiting response

People for Change Coalition

*called 8/17; left a voicemail and awaiting response

Hyattsville Aging in Place

*called 8/17; spoke with Office Administrator/Board Member Lisa Walker; will be following up with letter and brochure in the mail

Wishing Well, Inc.

*called 8/17; left a voicemail and awaiting response

University of MD Health Corporation (previously Dimension Health Corporation)

*called 8/17; spoke with office personnel and forwarded to Administrator, Ms. Wilson's voicemail; left message and awaiting a response

EXHIBIT

32

Amedisys-Salisbury/Cambridge Charity Care 2012-2017

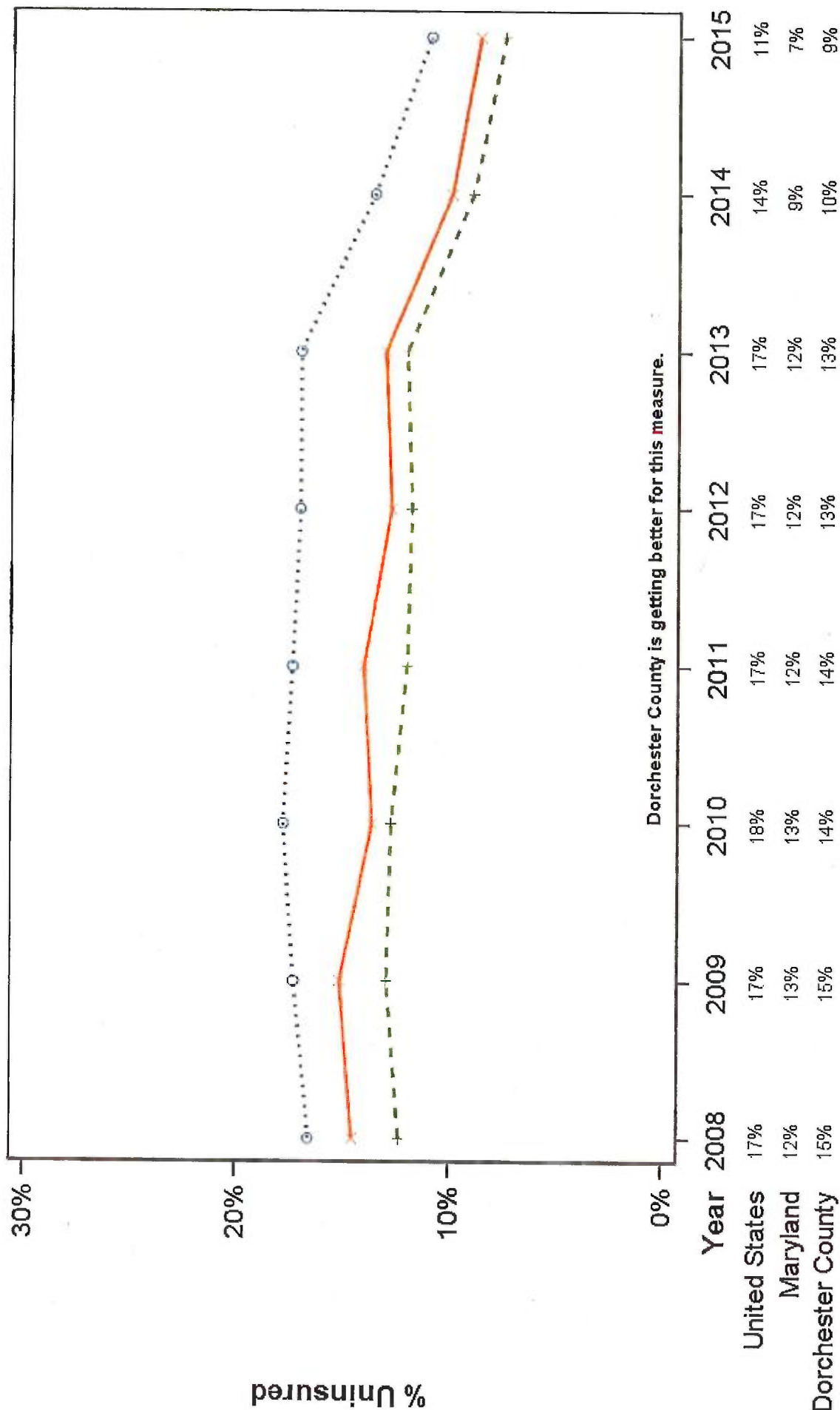
Calendar Year	Charity Care Revenue	Total Expenses	% of Total Expenses
2012	\$37,428	\$7,581,767	0.5%
2013	\$32,252	\$7,277,711	0.4%
2014	\$12,996	\$7,333,516	0.2%
2015	\$8,419	\$ 7,858,604	0.1%
2016	\$24,165	\$ 8,663,343	0.3%
2017	\$9,400	\$9,725,998	0.1%

EXHIBIT

33

Uninsured in Dorchester County, MD County, State and National Trends

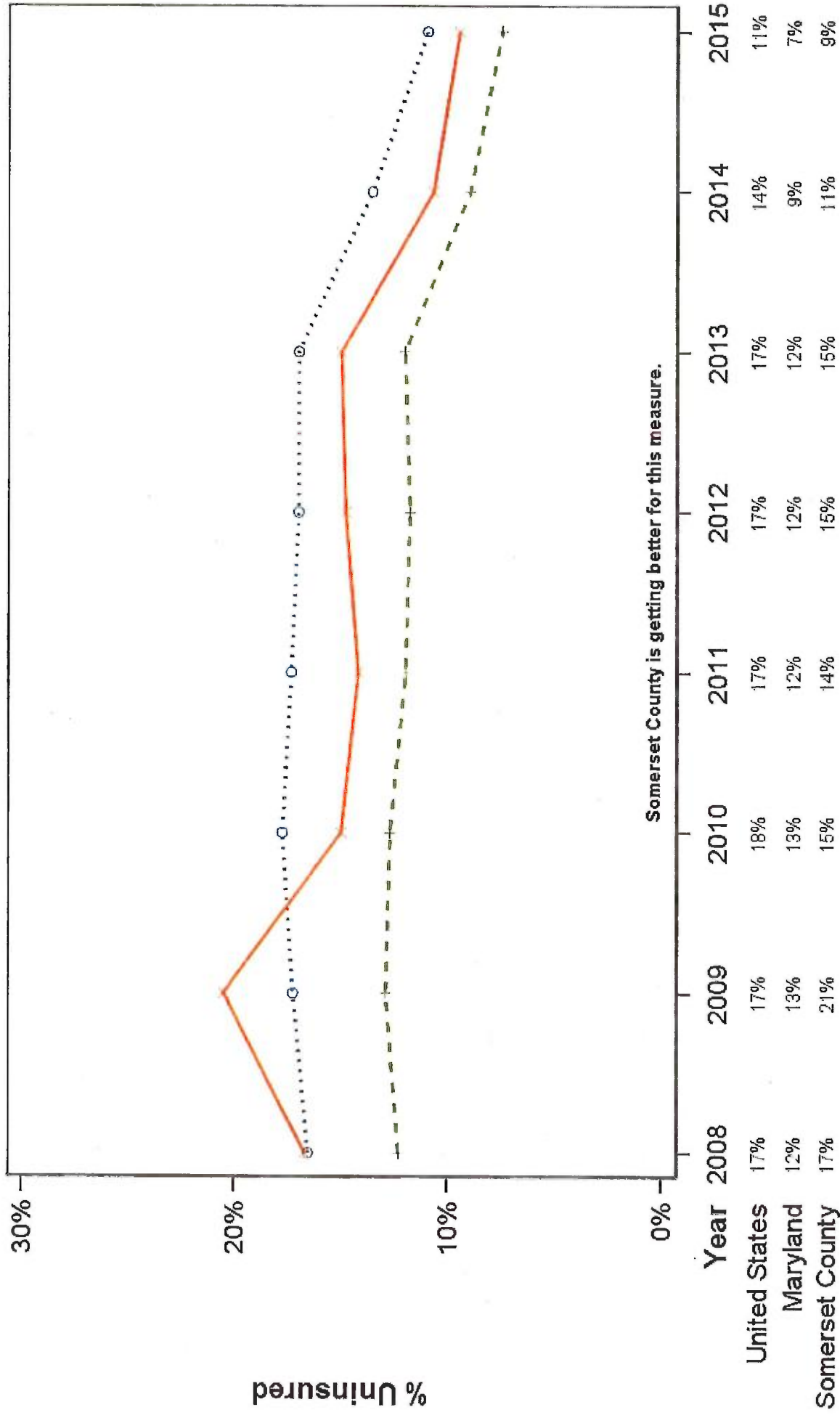
— Dorchester County
 - - - Maryland
 United States



Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

Uninsured in Somerset County, MD County, State and National Trends

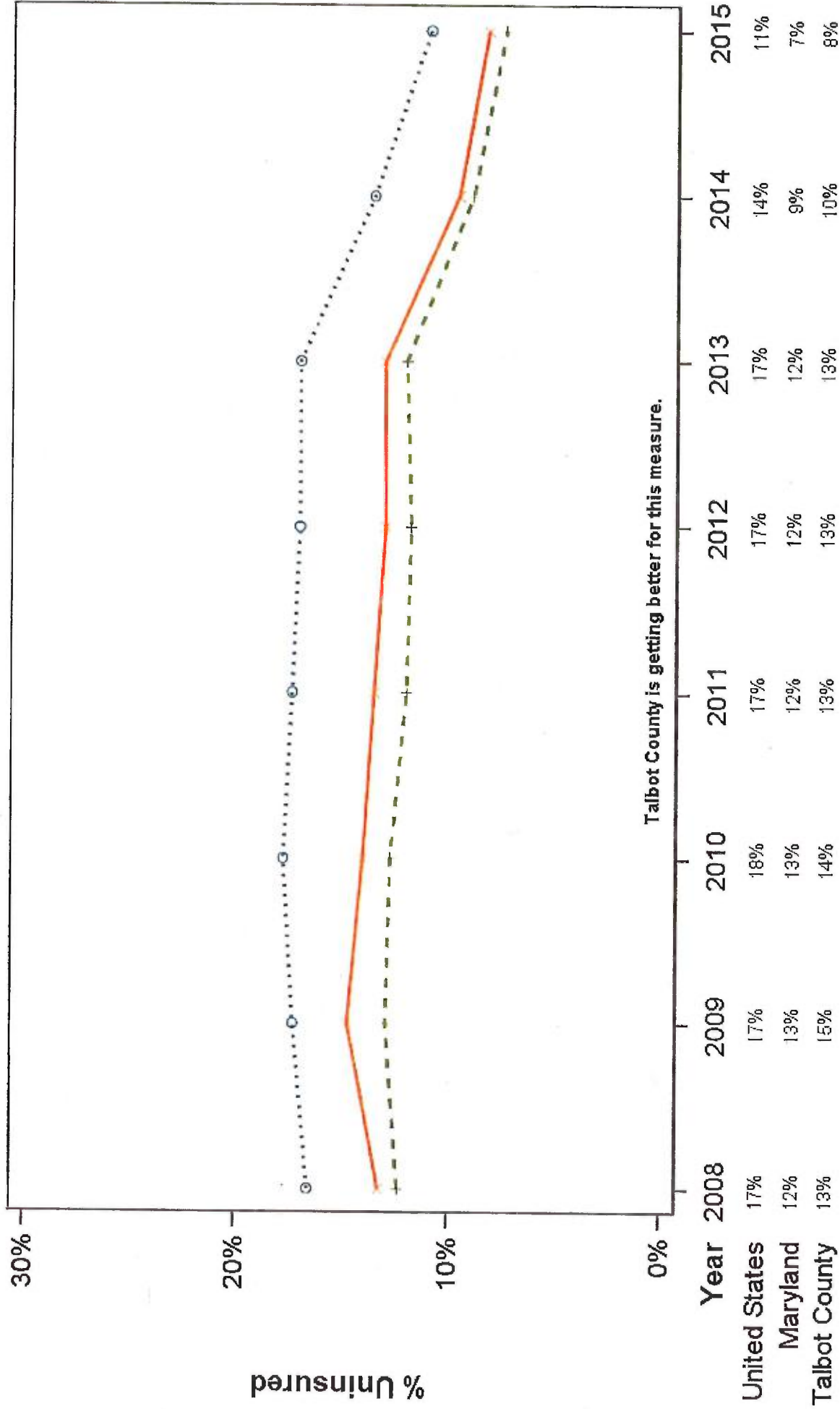
— Somerset County
 - - - Maryland
○..... United States



Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

Uninsured in Talbot County, MD County, State and National Trends

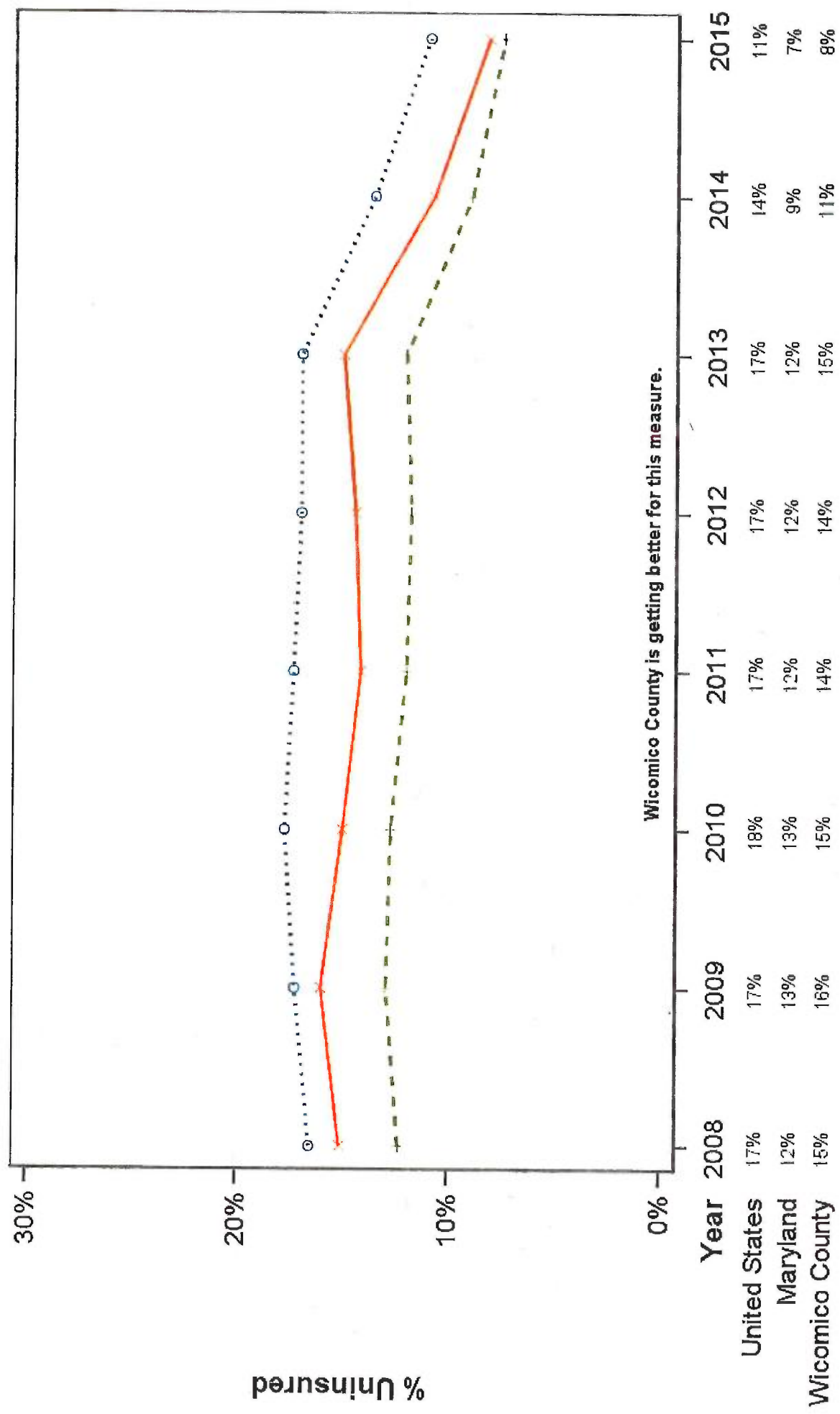
—* Talbot County
 - - + Maryland
○..... United States



Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

Uninsured in Wicomico County, MD County, State and National Trends

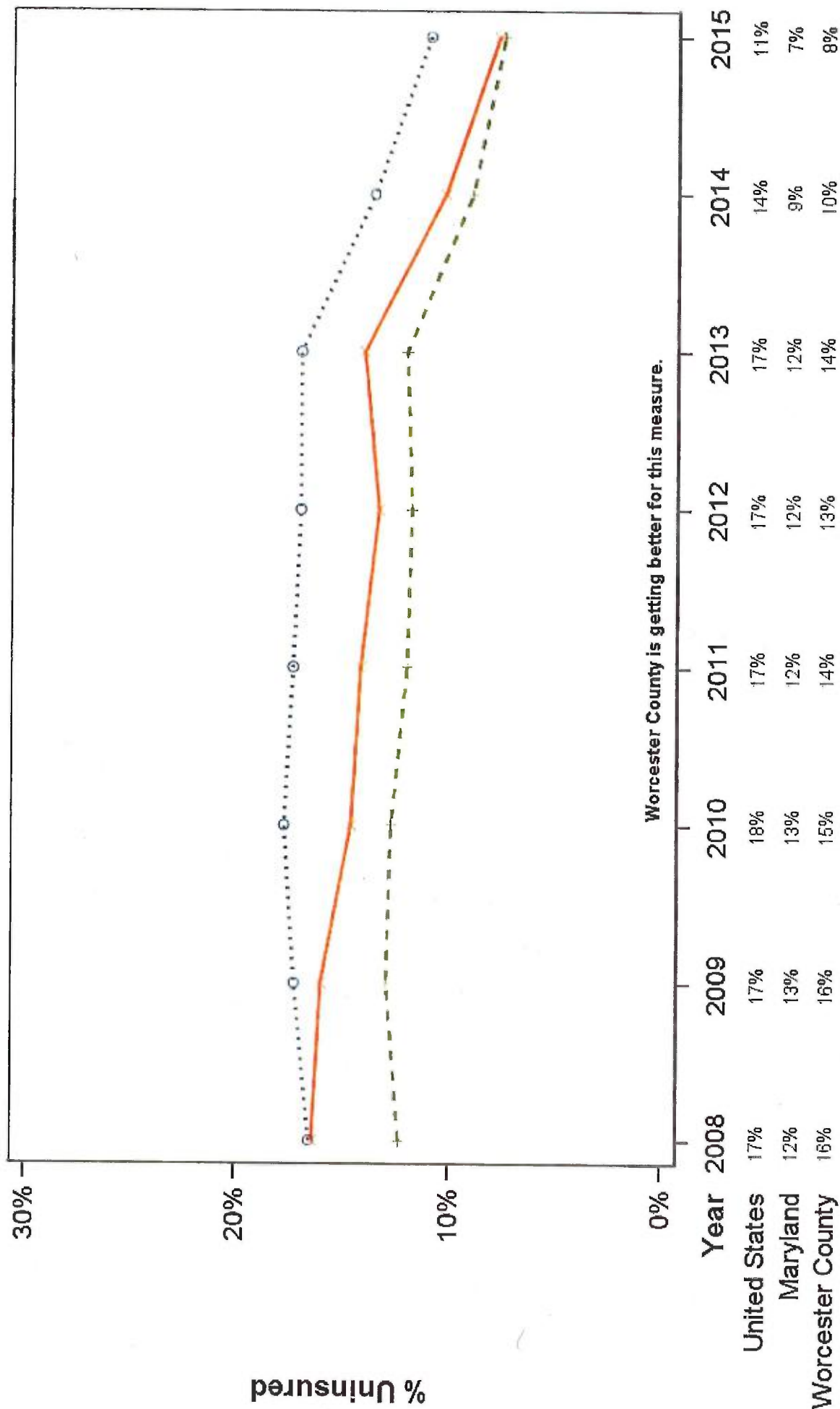
— Wicomico County
 - - - Maryland
○..... United States



Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

Uninsured in Worcester County, MD County, State and National Trends

— Worcester County
 - - - Maryland
 United States



Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

EXHIBIT

34



DEPARTMENT OF HUMAN SERVICES

Dorchester County
Department of Social Services

Lisa Hartman, LCSW-C
Director

627 Race Street
P.O. Box 217
Cambridge, Maryland
21613

Telephone 410.901.4100
Fax 410.901.2705

July 9, 2018

Amedisys Home Health Care
204 Cedar Street, Suite 101
Cambridge, Maryland 21613
410-228-2170

To Whom It May Concern,

The Dorchester County Department of Social Services is aware that Amedisys Home Health Care will accept indigent patients who are charity cases.



Sincerely,

J. Smith
Jenna Smith, LCSW-C
Adult Protective Services
Social Worker II

10/20/2018 14:55 FAX 4108224258

REQUARD, RDUHAH

00002/0002



319 South Washington Street
Baltimore, Maryland 21201
410.824.1000
www.requardhealth.org

October 23, 2018

To whom it may concern,

As a case manager at the Requard Center for Acute Rehab, I frequently use the services of Amedays Home Health. I am aware that they provide charity care for patients that need home health services. They accepted a patient from Requard this year that did not have insurance and they provided charity care. I have found the staff at Amedays will do all they can to meet the needs of the patients in this area. If you need further information feel free to contact me,

Sincerely,

Donna Martin RN

Requard Center for Acute Rehab

10/21/2015 13:52 FAX 4107708611

pinet social service

0001/0001



The Pines

Genesis HealthCare™

610 Dutchman's Lane
Barton, MD 21601-3346
Tel 410-822-4000
Fax 410-820-9768

October 21, 2015

To Whom It may concern:

The social workers here at The Pines of Genesis HealthCare are aware that Amedisys home health care takes referrals for patients who do not have health insurance, otherwise known as charity cases.

Thank you,

Carolyn Traptow, LGSW

Carolyn Traptow, LGSW
Social Worker
Genesis HealthCare - The Pines
410-822-4000 ext. 139

NOV/12/2015/THU 3:40 PM

FAX No.

P. 001/001

November 11, 2015

To Whom It May Concern:

For introduction purposes, my name is Elizabeth Weaver. I am a nurse case manager at Atlantic General Hospital, in Berlin, MD. I work in the emergency room.

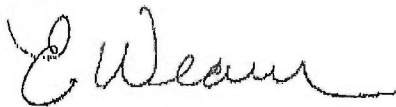
Our hospital is in Worcester County, Maryland. Our area is a vacation resort. The general population is getting older, in our area. Many of our patients have children in other states. They are living in unsafe situations. These patients do not qualify for inpatient hospital stays, per Medicare guidelines. They have fallen at home, are frail and have no one to help them.

We also have a large population of indigent patients, who do not have Medicare or Medicaid. They are struggling from paycheck to paycheck to make ends meet. Sadly, when a health crisis occurs, they do not know what to do. The hospital does not turn away indigent patients when surgery is needed, however, we cannot keep the patient in the hospital, indefinitely.

I know that cost is the driving factor for most businesses. If we don't get paid, we can't survive. Sadly our healthcare system has failed many. I hope that our health care system improves, for the better, but until then, I need to work with what I have.

I want to commend Amedisys Home Care for their community service and compassion for taking on indigent patients. They work with each case on an individual basis. If there is a need, they come through to help the patient. I do not know what I would do for some very sad cases, if I did not have Amedisys. They have given many patients hope to survive their illness.

Sincerely,



Elizabeth A. Weaver, BSN, RN

Atlantic General Hospital

Emergency Room Case Manager

eaweaver@atlanticgeneral.org

NOV/12/2015/THU 34:04 PM

FAX No.

P. 001/001

November 12, 2015

To Whom It may concern,

I would like to start by saying thank you to Amedisys Home Care for putting the needs of our community members before their own financial gain. Amedisys goes above and beyond for our patients on a daily basis. Unfortunately, our economy has prevented people from being able to obtain health insurance limiting our residents access to community healthcare. Sadly, on the eastern shore of Maryland we have a large poverty population that often creates a crisis for our small community hospital. Being a non-profit organization, we provide acute healthcare to anyone that enters our door seeking assistance however, we are not permitted to extend the care upon discharge.

During my 10 year career at Atlantic General Hospital, I have witnessed Amedisys provide charity community services to numerous individuals. Most of the services rendered by Amedisys have been life changing for these patients. The compassion that flows from the Amedisys team is a true blessing to our community. I strongly support and encourage the continuation of indigent care!

Thank you in advance for your time,



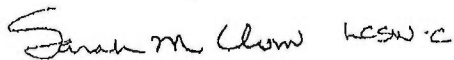
Damiah Nooney, RN, BSN
RN Case Manager
Atlantic General Hospital
9733 Healthway Drive
Berlin MD, 21811
410-641-9705

9/28/2015

To whom it may concern:

I am aware that Amedisys Home Health Services is actively seeking charity care patients to serve in Dorchester and Talbot counties. Should I encounter any patients without insurance benefits, and they need care at home, I will refer these patients for ongoing care to Amedisys as you have made it very clear that you have resources available for these types of patients.

Best regards,

A handwritten signature in cursive script that reads "Sarah M. Clow" followed by the text "LCSW-C" in a simpler, possibly typed or printed font.

Sarah M. Clow LCSW-C

Discharge Planner, IntegreCare Baylegh Chase

Easton, MD 21601

From:

07/05/2018 16:04

#203 P.001/001



The Pines

Genesis HealthCare™

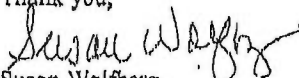
610 Dutchman's Lane
Briston, MD 21601-3346
Tel 410-822-4000
Fax 410-820-9768

July 5, 2018

To whom it may concern:

The social workers at the Pines/Genesis HealthCare are aware that Amedisys Home Health will accept indigent patients who do not have insurance.

Thank you,


Susan Wolfberg
Social Service Specialist



June 29, 2018

To Whom It may concern:

As a Transitional Care Nurse for Bayleigh Chase sub-acute rehab, I make referrals to Amedisys Home Health for follow up home health care upon discharge. I am aware that Amedisys accepts charity cases for those patients that do not have health insurance. Amedisys is always willing to assist our patients with their home health care needs.

Best regards,

Joanna Redmond, RN

Joanna Redmond, RN
Transitional Care Nurse

Integrace Bayleigh Chase
501 Dutchman's Lane
Easton, MD 21601
410-822-8888

EXHIBIT

35

TOTAL VISITS

County	2012	2013	2014
Dorchester	18,178	20,300	19,832
Somerset	10,338	10,174	10,207
Talbot	19,748	20,460	20,702
Wicomico	46,069	50,207	52,238
Worcester	28,208	29,831	30,256
Total	122,541	130,972	133,235

TOTAL CHARITY CARE VISITS (% OF TOTAL)

County	2012	2013	2014
Dorchester	72 (0.40%)	54 (0.27%)	18 (0.09%)
Somerset	40 (0.39%)	16 (0.16%)	9 (0.09%)
Talbot	43 (0.22%)	25 (0.12%)	20 (0.10%)
Wicomico	196 (0.43%)	126 (0.25%)	32 (0.06%)
Worcester	83 (0.30%)	54 (0.18%)	57 (0.19%)
Total Charity Care Visits/% of Total Visits	434 (0.35%)	275 (0.21%)	136 (0.10%)

AMEDISYS-SALISBURY/CAMBRIDGE CARE CENTER (HH 7111) TOTAL VISITS

County	2012	2013	2014
Dorchester	7,825	9,113	9,507
Somerset	6,198	5,852	4,283
Talbot	4,109	5,279	6,989
Wicomico	20,820	18,838	18,318
Worcester	18,747	18,804	17,182
Total	57,699	57,886	56,279

AMEDISYS-SALISBURY/CAMBRIDGE CARE CENTER (HH 7111) CHARITY CARE VISITS (% OF TOTAL)

County	2012	2013	2014
Dorchester	33 (0.42%)	42 (0.46%)	1 (0.01%)
Somerset	34 (0.55%)	16 (0.27%)	9 (0.21%)
Talbot	20 (0.49%)	2 (0.04%)	0 (0.00%)
Wicomico	103 (0.50%)	74 (0.40%)	6 (0.03%)
Worcester	52 (0.28%)	20 (0.11%)	44 (0.26%)
Total Charity Care Visits/% of Total Visits	242 (0.42%)	154 (0.27%)	60 (0.11%)

COMPARISON OF AMEDISYS-SALISBURY/CAMBRIDGE CARE CENTER HH 7111 TO OVERALL PERCENTAGE

	Overall Charity Care % of Visits in All Five Counties	Amedisys Charity Care % of Visits in All Five Counties
2012	0.350%	0.42%
2013	0.21%	0.27%
2014	0.10%	0.11%

Dorchester County

	2012	2013	2014
HH7066	4,250 total/0 charity (0.00%)	4,144 total/0 charity (0.00%)	4,782 total/0 charity (0.00%)
HH7111	7,825 total/33 charity (0.4%)	9,113 total/42 charity (0.46%)	9,507 total/1 charity (0.01%)
HH7139	6,103 total/39 charity (0.64%)	7,043 total/12 charity (0.17%)	5,543 total/17 charity (0.31%)
	18,178 total/72 charity (0.40%)	20,300 total/54 charity (0.27%)	19,832 total/18 charity (0.09%)

Overall percentage of charity care = 0.25% (57,770 total/144 charity).

Amedisys HH7111 percentage of charity care = 0.29% (26,445 total/76 charity).

Somerset County

	2012	2013	2014
HH7079	3,568 total/6 charity (0.17%)	3,307 total/0 charity (0.00%)	4,255 total/0 charity (0.00%)
HH7111	6,198 total/34 charity (0.50%)	5,852 total/16 charity (0.27%)	4,823 total/9 charity (0.1%)
HH7062	572 total/0 charity (0.00%)	1015 total/0 charity (0.00%)	1,129 total/0 charity (0.00%)
	10,338 total/40 charity (0.39%)	10,174 total/16 charity (0.16%)	10,207 total/9 charity (0.09%)

Overall percentage of charity care = 0.21% (30,719 total/65 charity).

Amedisys HH7111 percentage of charity care = 0.35% (16,873 total/59 charity).

Talbot County

	2012	2013	2014
HH7066	8,447 total/0 charity (0.00%);	7,218 total/0 charity (0.00%)	6,610 total/0 charity (0.00%)
HH7111	4,019 total/20 charity (0.5%)	5,279 total/2 charity (0.03%)	6,989 total/0 charity (0.00%)
HH7139	7,282 total/23 charity (0.32%)	7,963 total/23 charity (0.29%)	7,103 total/20 charity (0.28%)
	19,748 total/43 charity (0.22%)	20,460 total/25 charity (0.12%)	20,702 total/20 charity (0.10%)

Overall percentage of charity care = 0.14% (60,910 total/88 charity).

Amedisys HH7111 percentage of charity care = 0.14% (16,287 total/22 charity).

Wicomico County

	2012	2013	2014
HH7066	1,399 total/0 charity (0.00%)	2,618 total/0 charity care (0.00%)	1,819 total/0 charity (0.00%)
HH7079	19,461 total/93 charity (0.48%)	22,945 total/52 charity (0.23%)	25,039 total/26 charity (0.10%)
HH7111	20,820 total/103 charity (0.50%)	18,838 total/74 charity (0.40%)	18,318 total/6 charity (0.03%)
HH7062	4,389 total/0 charity (0.00%)	5,806 total/0 charity (0.00%)	7,062 total/0 charity (0.00%)
	46,069 total/196 charity (0.43%)	50,207 total/126 charity (0.25%)	52,238 total/32 charity (0.06%)

Overall percentage of charity care = 0.24% (148,514 total/354 charity).

Amedisys HH7111 percentage of charity care = 0.32% (57,976 total/183 charity).

Worcester County

	2012	2013	2014
HH7066	1,299 total/0 charity (0.00%)	1,589 total/0 charity (0.00%)	784 total/0 charity (0.00%)
HH7079	8,435 total/31 charity (0.37%)	9,438 total/34 charity (0.36%)	12,290 total/13 charity (0.11%)
HH7111	18,747 total/52 charity (0.28%)	18,804 total/20 charity (0.11%)	17,182 total/44 charity (0.26%)
	28,481 total/83 charity (0.30%)	29,831 total/54 charity (0.18%)	30,256 total/57 charity (0.19%)

Overall percentage of charity care = 0.22% (88,568 total/194 charity).

Amedisys HH 7111 percentage of charity care =0.22% (54,733 total/116 charity).